



Office of the
STATE AUDITOR OF MISSOURI
P.O. Box 869
Jefferson City, MO 65102

NAME _____
(Last) (First) (Middle)

PRESENT ADDRESS _____
(No. and Street) (City) (State) (Zip) (Telephone)

PERMANENT ADDRESS _____
(No. and Street) (City) (State) (Zip) (Telephone)

SOCIAL SECURITY NUMBER _____ CITIZEN OF U.S.? ____ YES ____ NO

POSITION APPLIED FOR _____ SALARY EXPECTATIONS _____

HOW DID YOU LEARN OF THIS POSITION? _____

HAVE YOU PREVIOUSLY APPLIED FOR A POSITION WITH THIS OFFICE? ____ YES ____ NO ____ YEAR

ARE THERE ANY ACCOMMODATIONS WE NEED TO MAKE FOR YOU?

____ YES ____ NO IF YES, EXPLAIN _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR? ____ YES ____ NO

IF YES, PLEASE EXPLAIN _____

WOULD YOU ACCEPT 75 PERCENT TRAVEL? ____ YES ____ NO

DATE AVAILABLE FOR EMPLOYMENT _____

HIGH SCHOOL	UNDERGRADUATE	GRADUATE
High School	University	University
City and State	City and State	City and State
Month and Year of Graduation	From _____ to _____ Degree – Month and Year of Graduation	From _____ to _____ Degree – Month and Year of Graduation
I estimate that I stood in the top 10% _____ 25% _____ 50% _____ of my graduating class	Grade point Averages: Accounting _____ Overall _____ Total hours of accounting upon completion of degree _____ Approximate employment hours per week _____	Grade point Averages: Accounting _____ Overall _____ Graduate accounting hours _____ Approximate employment hours per week _____

SCHOLASTIC HONORS, PROFESSIONAL SOCIETIES, ETC. _____

COLLEGE ACTIVITIES _____

HAVE YOU PASSED THE CPA EXAMINATION ____ YES ____ NO CERTIFICATE NUMBER _____

PLEASE LIST ANY PARTS COMPLETED _____

IF NOT, DO YOU PLAN TO BECOME A CPA? ____ YES ____ NO

EMPLOYMENT RECORD

LAST OR PRESENT POSITION	NEXT PREVIOUS POSITION	NEXT PREVIOUS POSITION
Employer	Employer	Employer
Address/Telephone	Address/Telephone Number	Address/Telephone Number
Nature of duties	Nature of duties	Nature of duties
Immediate Supervisor	Immediate Supervisor	Immediate Supervisor
Employment dates _____ to _____	Employment dates _____ to _____	Employment dates _____ to _____
Final month salary	Final month salary	Final month salary
Dismissed or asked to resign? ____ Yes ____ No	Dismissed or asked to resign? ____ Yes ____ No	Dismissed or asked to resign? ____ Yes ____ No
Reason for leaving	Reason for leaving	Reason for leaving

HAVE YOU EVER BEEN DISMISSED FROM ANY POSITION? ____ YES ____ NO IF SO, WHAT ORGANIZATION?

DO YOU HAVE ANY RELATIVES WORKING FOR THE STATE AUDITOR'S OFFICE OR OTHER AREAS OF MISSOURI STATE GOVERNMENT? ____ YES ____ NO IF SO, PLEASE LIST _____

REFERENCES: (DO NOT INCLUDE FORMER EMPLOYERS, RELATIVES, OR MORE THAN ONE COLLEGE FACULTY MEMBER)

NAME	MAILING ADDRESS	TELEPHONE NUMBER	TITLE OR OCCUPATION
1			
2			
3.			

I HEREBY CERTIFY that all information made on or in connection with this application is true and complete to the best of my knowledge and belief and that I have not knowingly withheld any fact or circumstance. I understand that any misrepresentation or concealment of material fact will be sufficient ground for rejection of this application, or removal from employment. I authorize my previous employers or schools to release to the Missouri State Auditor's Office any information they may have regarding my character or my employment or educational record.

Signature

Date

CHECK YOUR APPLICATION! BE SURE YOU HAVE FILLED IT IN COMPLETELY. APPLICATIONS NOT SIGNED WILL NOT BE ACCEPTED.